

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 92ARegistered No. 231

1. PLACE OF BIRTH

County Gila State Arizona
 Township _____ or Village P. O. Box 162 Miami Ariz
 City Miami No. 3013 Latham Blvd St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Wylie Udell Peirce

(If child is not yet named, make supplemental report, as directed)

3. Sex Female 4. Twin, triplet, or other _____ 5. Premature _____ 6. Legitimate? yes 7. Date of birth Oct. 21, 1932
 (If plural births) 8. Number, in order of birth _____ Full term _____ (Month, day, year)

9. Full name of FATHER <u>John King Peirce</u> 10. Residence (usual place of abode) <u>Miami Ariz</u> (If nonresident, give place and State) 11. Color or race <u>Cauc</u> 12. Age at last birthday <u>30</u> (Years) 13. Birthplace (city or place) <u>Poswell</u> (State or country) <u>New Mex.</u>		18. Full maiden name of MOTHER <u>Grace Elizabeth Hawley</u> 19. Residence (usual place of abode) <u>Miami Ariz</u> (If nonresident, give place and State) 20. Color or race <u>Cauc</u> 21. Age at last birthday <u>24</u> (Years) 22. Birthplace (city or place) <u>Albuquerque</u> (State or country) <u>New Mex.</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Pump man</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Miami Copper Co</u> 16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ OCCUPATION		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____ OCCUPATION	

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ { months _____ or weeks _____ } 29. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8:50 P. m. on the date above stated
 (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from supplemental report U5-1021-788
 (Date of) _____

(Signed) Cyril M. Brown M.D. M. D.

or _____ Midwife

Address Miami, Arizona

Filed Nov 15 1932 Registrar [Signature]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Number of each